GOVERNOR DOYLE'S TASK FORCE TO IMPROVE ACCESS TO ORAL HEALTH

Recommendations on Dentist Education

February 18, 2005

Physician and Dentist Loan Assistance Programs

Current Law

The Physician and Dentist Loan Assistance Programs is designed to provide incentives for health care providers to practice in medical shortage areas. Dentists can receive up to \$50,000 in loan repayment over a five-year period at the following rate:

Year 1	. 10% of the principal balance or a maximum of \$5,000
Year 2	. 12.5% of the principal balance or a maximum of \$6,250
Year 3	. 15 % of the principal balance or a maximum of \$7,500
Year 4	. 20 % of the principal balance or a maximum of \$10,000
Year 5	.42.5 % of the principal balance or a maximum of \$21,250

Eligible Practice Sites: Health professional shortage areas (HPSAs) designated by the federal government or state sites recommended for designation by the Rural Health Development Council, upon the advice of the UW Office of Rural Health, with final approval by the Department of Commerce.

The health care provider must enter into a written agreement with the Department to practice at least 32 clinic hours a week, and 45 weeks per year in one or more of those areas.

As of June 2004, 130 physicians and dentists had participated in the program. State funding for the physician and dentist and the health care professional loan assistance programs is provided through a single program revenue appropriation. Total base level funding for the programs is \$488,700 in tribal gaming compact revenues. In addition, \$200,000 in federal funding is provided.

Task Force Alternatives

- 1. Change Eligibility Criteria: Instead of requiring dentists to meet the hours in a shortage and the Medicaid client percentage, dentists will be eligible if 40% of their patients are Medicaid or BadgerCare eligible. 30%. 25%.
- 2. Allow Wisconsin residents to attend other dental schools and still receive the \$8,753 in tuition assistance each year providing they commit to come back to Wisconsin and practice in shortage areas and take a certain percentage of Medicaid eligible clients.
 - a) Change statutory maximum to 11,670
 - b) Change commitment to working in a shortage area and serving low-income clients <u>or</u> building a practice that consists of 40% Medicaid eligible clients. 30%. 25%.

3. Expand program to provide direct tuition assistance to dentists agree that the make-up of their practice will include at least 40% Medicaid or BadgerCare clients. 30%. 25%. Remove the shortage area requirement. If the student does not meet their commitment, s/he will be required to payback the tuition over a five year timeframe.

Year 1	10% of the principal balance or a maximum of \$5,000
Year 2	12.5% of the principal balance or a maximum of \$6,250
Year 3	15 % of the principal balance or a maximum of \$7,500
Year 4	20 % of the principal balance or a maximum of \$10,000
Year 5	42.5 % of the principal balance or a maximum of \$21,250

- a) Add interest.
- b) Add a penalty fee.
- 4. Provide loan assistance that reflects the number of Medicaid eligible clients. Use the same Year 1 to Year 5 payment schedule but bump them to the next year's assistance level. (Maximum reimbursement would remain at \$50,000)

a)	50 Medicaid clients (1 per week) Start at Year 2 Level
	100 Medicaid clients (2 per week) Start at Year 3 Level
	150 Medicaid clients (3 per week) Start at Year 4 Level
	200 Medicaid clients (4 per week) Start at Year 5 Level
b)	100 Medicaid clients (2 per week) Start at Year 2 Level
	150 Medicaid clients (3 per week) Start at Year 3 Level
	200 Medicaid clients (4 per week) Start at Year 4 Level

5. Provide loan forgiveness that reflects the percentage of clients that are Medicaid eligible.

15% of practice	. Start at Year 2 Level
20% of practice	. Start at Year 3 Level
25% of practice	. Start at Year 4 Level
30% or greater of practice	. Start at Year 5 Level

- 6. Recommend that the Department of Revenue change the tax deductability of student loan interest for health care professionals if they work in shortage areas and serve a certain percentage of Medicaid eligible clients or if 40% of their clients are Medicaid eligible. This recommendation would allow health care professional with a net income of \$100,000 or less to deduct their education expenses from their state taxes.
- 7. Change Eligibility Criteria: Instead of requiring dentists to meet the hours in a shortage and the Medicaid client percentage, dentists will be eligible if they work 20 hours per week for 26 weeks per year (50% time) in one of the following sites:
 - 1. HPSA site,
 - 2. Community clinic,
 - 3. FQHC,
 - 4. Local public health departments, or
 - 5. HealthCheck agency.
 - a) 13 hours a week for 17 weeks (33% time)
 - b) 10 hours a week for 13 weeks (25% time)

- 8. Work with the Rural Health Development Council and the UW Office of Rural Health to build more flexibility in defining shortage areas.
- 9. Promote dental studies to high school students, especially bilingual and diverse populations. Recommend that the state send the ADA promotional package for high school students to high school guidance counselors using available funding for recruitment of diverse cultures and bilingual high school students.

Marguette University School of Dentistry

Current Law

Marquette University School of Dentistry receives annual capitation payments from the Higher Educational Aids Board to fund Wisconsin students.

2000-01	\$1,167,000 Statutory Limit	100 Students
2001-02	\$1,342,100 Statutory Limit	100 Students
2002-03	\$1,517,100 Statutory Limit	113 Students
2003-04	\$1,269,100 Statutory Limit	145 Student Limit
	\$1,400,400 Statutory Limit	

The capitation amount per student is \$8,753 with a limit of 160 Wisconsin students covered (changed from 11,670 in the 2003-05 Budget.)

Task Force Alternatives

- 1. Encourage pediatric training in oral health to all dentistry students.
 - Require 6 credits of pediatric training as a requirement of licensure.
 (Department of Regulation and Licensing)
 - b) Require 6 credits of pediatric training as a condition of receiving state capitation payments.
- 2. Provide support for 50 Wisconsin students (as recommended by the Marquette University School of Dentistry) or 200 over the four years of education. The capitation amount per student would remain at \$8,753.

Year 1	\$1,488,010
Year 2	\$1,575,540
Year 3	\$1,663,070
Year 4	\$1,750,600

3. Increase the tuition subsidy for Wisconsin residents who attend Marquette University School of Dentistry from \$8,753 to \$11,670 per year at an additional cost of \$466,800 annually.

Public Health Education

Current Law

- i. Wisconsin dentists have no continuing education requirements.
- ii. The Department of Public Instruction has no formal oral health education as part of their education requirements. There are no oral health questions on the required exams. Those exams include questions on 4 main topics: language arts (including reading), mathematics, science, and social studies.
- iii. Many school districts have developed oral health programs for their K-2 classes. Also, the 500 health educators in Wisconsin often include oral health in their curriculum. Each program is developed locally.
- iv. In 2004, Marquette University School of Dentistry students saw 18,000 patients, approximately 1/3 were Medicaid eligible and about 9,000 were "working poor" without dental coverage. Students serve these patients daily and may see them as part of a "walk in emergency" clinic that serves 10-12 walk-in patients per day. Students serve on-site, at the Isaac Coggs or Keenan Dental clinics, and in outreach clinics throughout the state.
- v. All dental students at Marquette receive instruction and programming in public health Dentistry, ethics, communication, cultural differences and issues related to cultural competency. Additionally students work on multiple outreach programs including health fairs, sealant projects, a Jamaica "dental mission," and service to inner city Milwaukee and other underserved areas of the state.
- vi. In addition to the patient care requirements and clinical block rotations, Marquette dental students are all required to accumulate and document a minimum of 1200 service points. These are usually linked to specific activities such as Give Kids a Smile Day, Guard Care, Smiles for the Future, health fairs, or any number of community based service activities. Students often have many more than the minimum by the time they graduate.
- vii. At a minimum Marquette dental students are required to comprehensively manage six Pediatric Dentistry patients in the Pediatric Dentistry clinic at the dental school. These patients tend to range in age from around 4 years to 10 or 12 years, usually come from a predominantly lower socio-economic class, and are ethnically diverse including African American, Hispanic, and Asian patients. Students work one day per week with Dr. Gonzalez serving the needs of mainly Hispanic children at the Keenan dental clinic. These children have significant unmet needs and our students work in this clinic on a procedure basis and will not necessarily manage all of the care that any particular child needs. The age range is around 3 or 4 to 8 to 12.

Task Force Alternatives

- 1. Ask the Wisconsin Dental Association include training on pediatric dentistry at each annual conference.
- 2. Ask the Department of Public Instruction to develop oral health education materials that can be used by elementary schools.

- 3. Ask the Department of Regulation and Licensing with input from the Wisconsin Dental Association, Marquette University School of Dentistry, and the Dental Examining Board to develop a continuing education program for dentists. The program will require 30 continuing credits every two years as a condition of licensure. 6 of those 30 credits must be approved coursework in the area of public health education and professional responsibility or pediatric oral health education.
- 4. Encourage other curriculum requirement.
 - a) Cultural competency
 - b) Service learning
 - c) Pediatric dentistry
 - d) Public health education
 - e) Service hours